

# MaineCare Dental Provider Forum

# Agenda

- Welcome & Introductions – Michelle Probert
- Importance of Care and MaineCare Dental Trends – Michelle Probert
- Overview of MaineCare Section 25 Dental Policy Changes – Henry Eckerson
- Overview of MaineCare Section 25 Rate Reform – Philip Dubois
- Overview of Provider Enrollment – Aaron Fotter
- Overview of Prior Authorization Process – Jane Brann & Tracey Gurney
- Questions/Comments?

# Value of Coverage

## Improved Member Outcomes

- **Kids:** children who receive preventive dental care receive 4x better grades and lower absentee rates than children who do not receive services
- **Adults:** Individuals with oral conditions may experience mental health issues, which in turn may limit educational, career, and social relations.

## Cost-Related Outcomes

- **Kids:** Average costs are ~ 40% lower over a five-year period than low-income children who receive their first preventive visit after age one (\$262 vs. \$546).
- **Adults:** Medicaid expansion, combined with adult dental coverage, is associated with a reduction in ED utilization for dental visits.

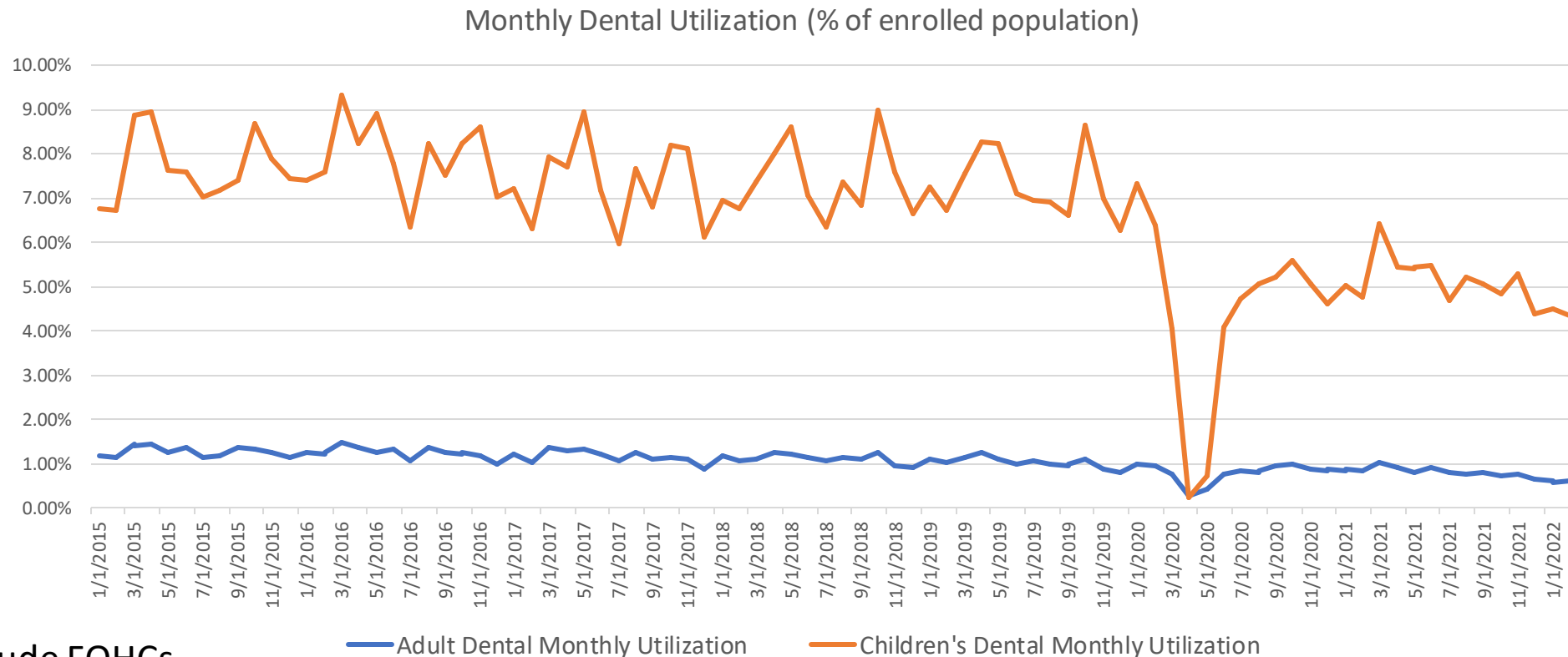
*“Working with one of Maine’s most vulnerable populations—children—many of the children in Maine have MaineCare as either their primary payer or even their secondary payer and because of this children wait months on waitlist for services. And it’s vital with early intervention services that these children get started with therapies as soon as possible. We know in research that it improves their outcomes, improves their quality of life, and it will also just improve their functional ability in the future.”*

*--MaineCare Enrolled Dental Provider*

# Current Status of MaineCare Section 25\* Dental Services

- Total Spend \$20M in 2019; \$21M in 2021
- Decrease in provider service locations (see table)
- Member enrollment in MaineCare increased 21%
  - 18% increase in children's enrollment
  - 38% increase in adult's enrollment

Calendar Year of Service	Service Locations*
<b>2019</b>	264
<b>2020</b>	220
<b>2021</b>	202



\*does not include FQHCs

# LD 221 Requirements

- LD 221 required the Department to provide “comprehensive preventive, diagnostic and restorative dental services to maintain good oral and overall health in accordance with rules adopted by the department” for adults enrolled in MaineCare.
- By July 1, 2022, the Department shall adopt emergency rules to implement provisions of the law.
- The benefit development process must include:
  - Dental procedures and services that are aligned with evidence-based care, are medically necessary to maintain good oral and overall health and are appropriate to be included in an adult dental benefit under MaineCare;
  - Strategies to improve oral health education with the MaineCare program; and
  - Metrics to measure outcomes of the expansion of dental services to adults 21 years of and over, including measures of provider participation, and the use of those services by adults and oral health outcomes.
- The Department must work with providers to encourage participation in the MaineCare program.

# Benefit Development Process

- Per the enacting legislation (LD 221), the Department has been working on the policy in consultation with the MaineCare Dental Subcommittee for feedback on the current and prospective benefit, operations, and recommended changes. This subcommittee is comprised of dental providers and advocates.
- Internal consultation has happened with the Provider Relations and the Prior Authorization teams to understand needed and recommended changes.
- There was a comprehensive review on a code and policy level of:
  - Six state Medicaid programs with an extensive adult dental benefits. The states reviewed include Vermont, Colorado, Massachusetts, North Carolina, Illinois, and Connecticut.
  - Two commercial dental benefits.
  - American Dental Association (ADA) published recommendations.
- Dr. Jeff Walawender was hired as a dental consultant for feedback and clinical guidance.

# Overview of Draft Policy: Diagnostic Services

- Comprehensive oral evaluations: One per three years
- Periodic oral evaluations: Two per year
- Limited oral evaluation: One per service location, per date of service
- Telehealth services must be delivered in accordance with Chapter I, Section 4, of the MaineCare Benefits Manual (MBM) and the most current Board of Dental Practice rules and guidance
- Most types of radiographic imaging services are covered (Complete series: One per three years)

# Overview of Draft Policy: Preventive Services

- Prophylaxis: Two per year
- Fluoride varnish: Two per year for adults and four per year for children
- Tobacco and substance use counseling: Two per year
- Oral hygiene instructions: Three per year
- Medicament application: Two per tooth, per lifetime
- Space maintainers: Two per arch, per lifetime for children



# Overview of Draft Policy: Restorative Services

- Fillings: One per tooth, per surface, per year. No PA required.
- Crowns: One per tooth, per five years. PA required.
- Re-cement or re-bond crown: One per tooth, per year. No PA required.
- Protective restoration: One per tooth, per lifetime. No PA required.
- Core buildup with pins: One per tooth, per five years. No PA required.
- Pin retention: One per tooth, per two years. No PA required.

# Overview of Draft Policy: Endodontic Services

- Pulp cap: One per tooth, per three years
- Pulpal debridement: One per tooth, per lifetime
- Pulpal therapy: One per tooth, per lifetime
- Endodontic therapy: One per tooth, per lifetime
- Retreatment of a previous root canal therapy: One per tooth, per lifetime
- Apicoectomy: One per tooth, per lifetime

# Overview of Draft Policy: Periodontic Services

- Gingivectomy or gingivoplasty, gingival flap procedure, and osseous surgery: Combined limit of one per quadrant, per three years. PA required.
- Apically positioned flap: One per quadrant, per three years. PA required.
- Bone replacement graft: One per tooth, per three years. PA required.
- Periodontal scaling and root planing: One per quadrant, per three years. PA required.
- Scaling in the presence of generalized moderate or severe gingival inflammation and periodontal maintenance are part of the prophylaxis coverage group limit: Two per year. No PA required.
- Full mouth debridement: One per year. No PA required.

# Overview of Draft Policy: Prosthodontic Services

- Complete and partial dentures: One per five years. PA required.
- Immediate complete dentures: One per arch, per lifetime. PA Required.
- Denture repairs and adjustments (after initial six months): One and two per denture, per year, respectively. No PA required.
- Rebases and relines: One per denture, per three years. No PA required.
- Pontics (Bridges): One per arch, per five years for children's anterior teeth. PA required.

# Overview of Draft Policy: Orthodontics

- Pre-orthodontic treatment examination: One per six months. No PA required.
- Limited orthodontic treatment: Once per lifetime. PA required.
- Comprehensive orthodontic treatment: Once per lifetime. PA required.
- Removable and fixed appliance therapy: One per lifetime for each. PA required.
- Repair of appliance: One per arch, per year. PA required.
- Re-cement or re-bond: Two per year. No PA required.

# Overview of Draft Policy: Oral & Maxillofacial Surgery and Maxillofacial Prosthetic Services

- Oral & maxillofacial surgery services covered under Section 25: Extractions, alveoloplasty, removal of foreign bodies, abscess drainages, sutures, excisions of lesions and tumors, etc.
- Oral & maxillofacial surgery services to be removed from Section 25 and covered under Section 90, Physician Services, with CPT codes: Reductions, osteotomies, LeFort procedures, coronoidectomy, etc.
- All maxillofacial prosthetic services will be covered under Section 90, Physician Services, with CPT codes.

# Overview of Draft Policy: Adjunctive General Services

- Deep sedation: Ninety (90) minutes per date of service. PA required.
- Intravenous moderate sedation: One hundred thirty-five (135) minutes per date of service. PA required.
- Non-intravenous conscious sedation: One per date of service. PA required.
- Nitrous oxide: Once per date of service. No PA required.
- Behavior management: Three per lifetime, per service location. No PA required.
- Occlusal guard: One per arch, per two years. No PA required.

# Rulemaking Process and Timeline

- Emergency rule – will take effect July 1, 2022
- Permanent rule – to be proposed July 2022
  - Public comment period, including public hearing
  - Final rule with response to comments, including any changes in response to comments
- The emergency rule will end when the new rule is adopted, and there may be changes based on comments – PLEASE COMMENT!



# Submission of Comments

- By May 25th, please send comments on the draft benefit to Henry Eckerson, Policy Writer - [Henry.Eckerson@maine.gov](mailto:Henry.Eckerson@maine.gov)
- Code level detail and limits will be posted to the following webpage under "MaineCare Dental Reform" by Friday of this week:

<https://www.maine.gov/dhhs/oms/about-us/projects-initiatives>

# Overall Fiscal Impact of Proposed Changes: \$45M

- \$21M in current spending
- ~\$8M planned investment in rates for current children's and adult dental benefits
- Another ~\$37M investment for adult benefit expansion, mirroring same rate investment

## Rate Change Impact on Section 25:

- 37% increase in spending overall
- 70% increase in spending for Diagnostic and Preventive services

# Rate Forum Materials Posted Online

The slide deck and recording of the forum held on 4/27/2022 are available at this link (or Google “MaineCare Dental Reform”):

<https://www.maine.gov/dhhs/oms/about-us/projects-initiatives>

## MaineCare Dental Reform

MaineCare is currently updating MaineCare Benefits Manual, Chapter III, Section 25 Dental Services rates as one of our priority [rate reform initiatives](#). Please see the materials below:

- [Draft Dental Reform Methodology \(PDF\)](#)
- [Draft Dental Rates \(PDF\)](#)
- [Notice of Dental Rate Forum on April 27, 2022](#)
- [Dental Rate Forum Presentation \(PDF\)](#)
- [Dental Forum Presentation Recording](#)
- [Notice of Dental Policy Forum on May 18, 2022](#)

# Overview of Provider Enrollment: Common Misconceptions

Do I have to pay an application fee to be a MaineCare Provider?

- No. Dental providers do NOT need to pay an application fee.
- [Application Fee list](#)

Do I need additional Licensure?

- No. Dental providers just need their own individual license(s).

Do I need a copy of my diploma?

- No. Dental providers including hygienists and denturists are not required to provide a copy of their diploma.

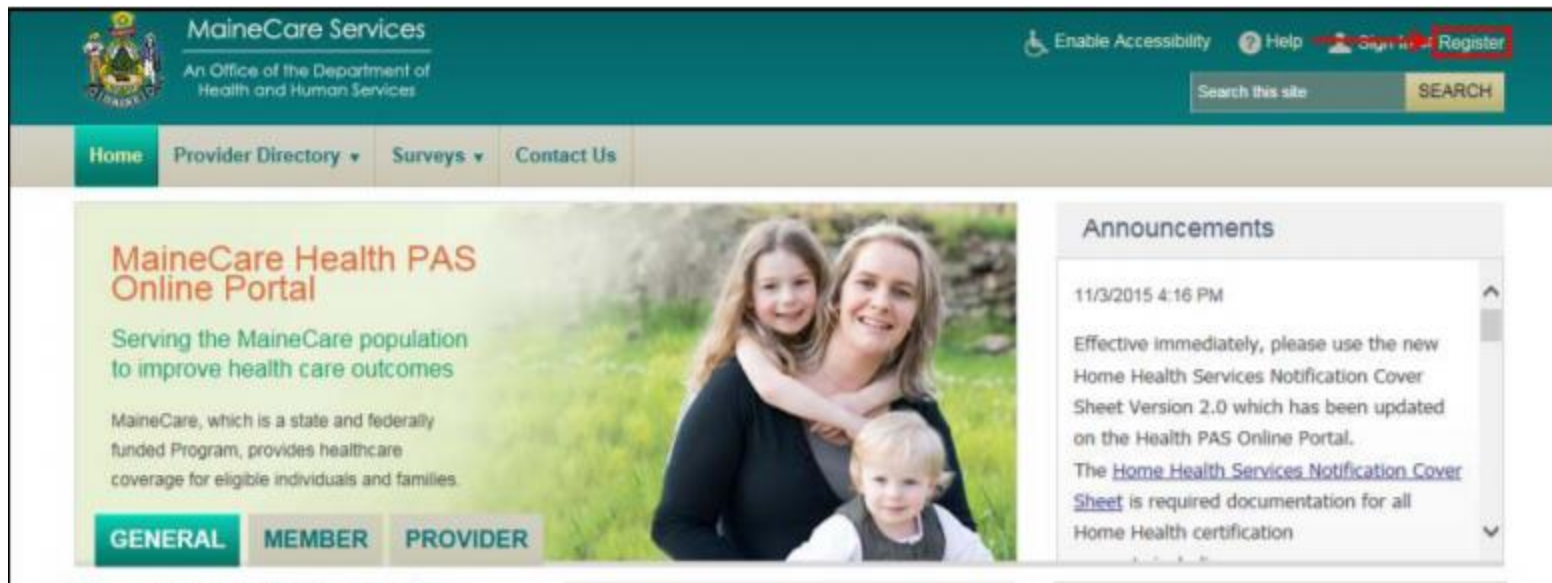
Does it take long to become enrolled with MaineCare?

- New Enrollments – average of 22 calendar days
- Maintenance – average of 8 calendar days
- Revalidation – average of 5 calendar days

# Overview of Provider Enrollment: Starting Your Enrollment

- Register for your Trading Partner Account
- Your Trading Partner Account is your access to all things MaineCare
- Utilizing the MaineCare Health PAS Online Portal

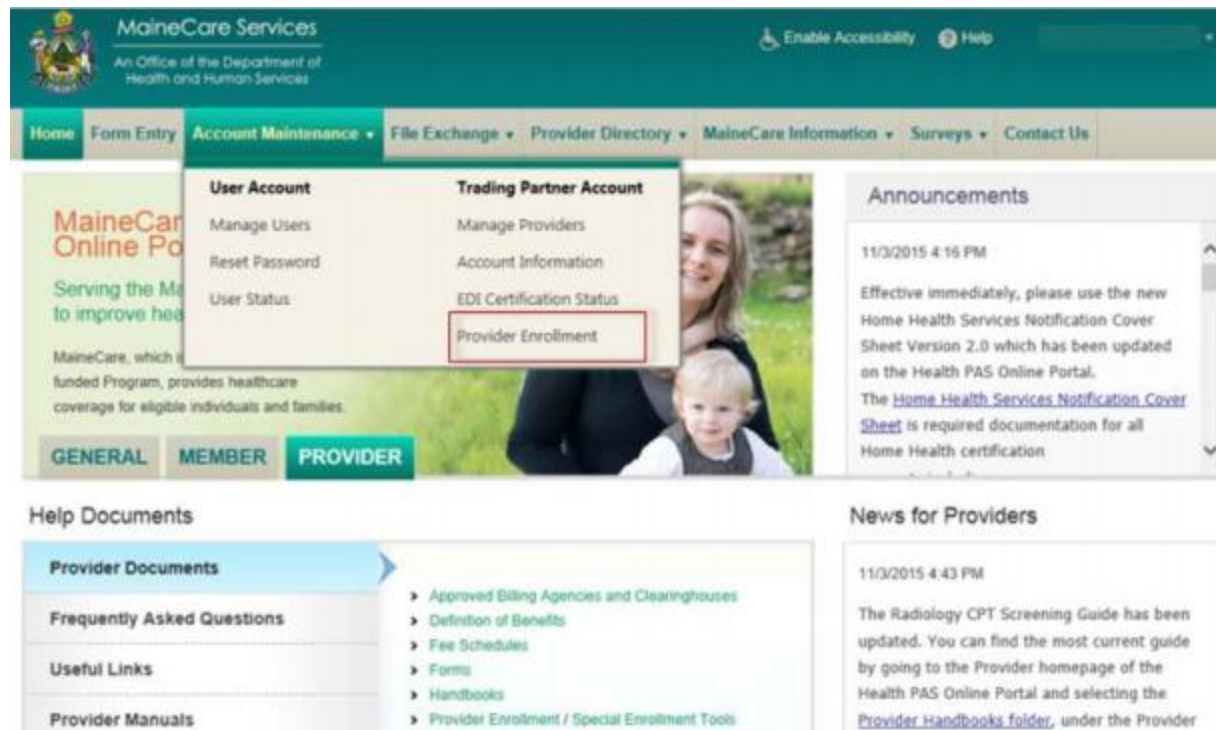
<https://mainecare.maine.gov/TradingPartnerRegistration.aspx>



# Overview of Provider Enrollment: Starting Your Enrollment

- Submitting the Enrollment/Maintenance Case
- Utilizing the MaineCare Health PAS Online Portal

<https://mainecare.maine.gov/Default.aspx>





# Overview of Provider Enrollment: Enhancements to Enrollment

- Status bar
- Check points along the way


The screenshot displays the 'Provider Enrollment Application' interface. At the top, a navigation bar includes links for 'Back to Portal', 'Home', and 'Sign Out', along with a toll-free number: 1-866-690-5585. A progress bar indicates '27% Complete'. Below this, a series of tabs represent different stages of the application: 'Business Info' (active), 'Ownership Info', 'Service Locations', 'Documents', and 'Signature'. A 'Bulk Upload' button is located on the right. A status bar below the tabs shows 'Name and Tax ID' (checked), 'Office Contact' (checked), 'Billing Provider Info' (checked), 'Address', and 'Provider Taxonomy'. The main content area is titled 'Billing Provider Information' and includes a green download icon. Below this, a section for 'Billing Provider Info' contains fields for 'Billing Provider Name', 'Billing Provider Tax Entity' (set to 'Individual/Sole Proprietor'), 'Provider Profit Status' (set to 'FOR-PROFIT, CLOSELY H'), 'Preferred method of communication' (with 'Email' selected), 'Doing Business As', 'Exempt Payee?' (set to 'No'), and 'Corporation Type' (set to 'Proprietary - Individual'). A 'Physical Address' section at the bottom includes fields for 'Address Line 1', 'Address Line 2', 'Zip Code', 'Zip Code Extn' (set to '0000'), 'City' (set to 'AUGUSTA'), 'State' (set to 'ME'), 'County' (set to 'KENNEBEC'), and 'Country' (set to 'USA').

Provider Enrollment Application    Back to Portal    Home    Sign Out    Toll Free: 1-866-690-5585

27% Complete

Business Info   Ownership Info   Service Locations   Documents   Signature   Bulk Upload

Name and Tax ID ✓ | Office Contact ✓ | Billing Provider Info ✓ | Address | Provider Taxonomy

 **Billing Provider Information**

Billing Provider ID:   Enrollment Case Number: 1   Status: NEW - NEW

**Billing Provider Info**

Billing Provider Name\* :   Doing Business As :   Exempt Payee?\* : ☐ Yes ☒ No

Billing Provider Tax Entity\* : Individual/Sole Proprietor   Corporation Type\* : Proprietary - Individual

Provider Profit Status\* : FOR-PROFIT, CLOSELY H

Preferred method of communication\* : ☐ Letter ☒ Email ☐ Fax

**Physical Address**

Address Line 1\* :   Address Line 2 :   Zip Code Extn\* : 0000

Zip Code\* :   City\* : AUGUSTA   County\* : KENNEBEC

State\* : ME   Country\* : USA



# Overview of Provider Enrollment: Required Documentation

- MaineCare Provider Agreement
- Vendor Form / W9
- Potentially copy of your individual license
- Electronic Funds Transfer (EFT) Form
- Diploma Not required

# Overview of Provider Enrollment: Provider Revalidation

- Mandated by Section 6401(a) of the Affordable Care Act
- When a provider revalidates with MaineCare, they update the information for their organization in MaineCare's online Provider Enrollment Application (PEA)
- Occurs every five years for all provider types; every three years for Durable Medical Equipment
- Screening requirements
- Completed online in the Health PAS Portal

# Overview of Provider Enrollment Resources

- [Reference Guide for Valid Provider Type-Specialty Pairs](#)
- [Reference Guide for Allowed Services by Provider Types](#)
- [Provider Enrollment folder](#)
- [Enrollment Frequently Missed Information](#)
- [MaineCare Policy](#)

# Overview of Prior Authorization (PA) Process: Determining which Codes Require PA

A provider must determine if a service code requires a prior authorization before rendering the service to the member.

There are two options to check this requirement:

1. Call the Provider Services Help Desk at 1-866-690-5585 and speak with a Customer Service Representative.
2. Log into the HealthPas Portal <https://mainecare.maine.gov/Default.aspx> using Trading Partner credentials. Providers often already have staff members in their office who have these credentials that were granted upon enrollment. Check with Practice Managers or billing staff to determine who has those credentials to perform this function.

# Overview of PA Process: Submission of Request

Once the provider has determined that a code requires prior authorization, there are two available options for the provider to submit the request:

1. **Faxing** - The PA paper form with all required forms and clinical documentation can be faxed to 1-866-598-3963. You may obtain this form on the HealthPas Portal <https://mainecare.maine.gov/Default.aspx> or by calling the Provider Services Help Desk.

Examples of required forms:

- Dental Supplemental
- Orthodontia Supplemental
- Denture Supplemental

2. **Electronic Submission** - Log into the HealthPas Portal using Trading Partner credentials. Obtain a prior authorization number and attach required supporting documentation.

# Overview of PA Process: Clinical Review

Once the provider has submitted a PA request via fax or HealthPas, MaineCare conducts a clinical review of the documentation submitted.

Outcome of the review can result in:

- Approval – The provider and member will receive an approval letter
- Denial - The provider and member will receive an explanation of the denial
- Deferral - The provider and member will receive a letter detailing what additional information is needed

Responses are sent via the postal service.

# Overview of PA Process: Deferral

A deferral means that MaineCare requires additional information in order to process the PA. MaineCare will issue a letter that specifies exactly what information it requires:

- Did the provider submit the appropriate form?
- Did the provider submit clinical records for review?
- Does MaineCare need clarification regarding the information the provider has submitted?

# Questions and Comments

- Policy: Henry Eckerson, Policy Writer, [Henry.Eckerson@maine.gov](mailto:Henry.Eckerson@maine.gov)
- Rates: Jessica Levesque, [Jessica.L.Levesque@maine.gov](mailto:Jessica.L.Levesque@maine.gov)
- Provider Enrollment: Aaron Fotter, Manager, [Aaron.Fotter@maine.gov](mailto:Aaron.Fotter@maine.gov)
- Provider Relations: Janie Brann, Specialist, [Jane.Brann@maine.gov](mailto:Jane.Brann@maine.gov)